

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000080272**

1. Entity Name  
**PERMANENT VACATION POOLS, INC.**



Principal Place of Business

**7675 WEST TWIN CANAL LANE  
HOMOSASSA, FL 34448**

Mailing Address

**7675 WEST TWIN CANAL LANE  
HOMOSASSA, FL 34448**



07122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**42-1627611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OTLEWSKI, KAROLYN M  
7675 WEST TWIN CANAL LANE  
HOMOSASSA, FL 34448**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$350.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000770043  
07/23/07-80005-020 550.00

10. OFFICERS AND DIRECTORS

TITLE	CO-D
NAME	OTLEWSKI, EDEN R
STREET ADDRESS	7675 W TWIN CANAL LANE
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	D
NAME	OTLEWSKI, KAROLYN M
STREET ADDRESS	7675W TWIN CANAL LANE
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Karolyn M Otlewski* *Karolyn M Otlewski* 7-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-382-1780